



CHRIS CHRISTIE

Governor

KIM GUADAGNO

Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Dentistry

124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102

**VIA CERTIFIED (RRR) AND REGULAR MAIL**

July 30, 2013

Lisa Gambino, D.M.D.  
4 West Maple Avenue  
Woodstown, NJ 08098

RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
ON 8-28-13 *MA*



JOHN J. HOFFMAN

Acting Attorney General

ERIC T. KANEFSKY

Director

**Mailing Address:**

P.O. Box 45005  
Newark, NJ 07101  
(973) 504-6405

Re: Settlement Letter in Lieu of Formal Disciplinary  
Proceedings - Complaint 84105

Dear Dr. Gambino:

This letter is to advise you that the New Jersey State Board of Dentistry ( the "Board" ) has had an opportunity to complete its review of information concerning the above captioned complaints. The information reviewed includes:

1. The complaint of patient S.T;
2. Your response to the complaint, including copies of the patient records, x-rays and financial information; and,
3. Other available information about the patient's oral condition(s).

Based upon the review of this matter, it appears to the Board that:

1. **Development of Treatment Plan** - You developed a treatment plan without adequate charting, no work-up, and without addressing the patient's comprehensive dental condition, including not addressing missing tooth #30 and caries at #20.
2. **Execution of Treatment Plan** - You placed crowns on four teeth (#12, #13, #28 and #29), which did not meet the accepted standard of care. Specifically, crown #12 seated coronally atop an existing amalgam has overhang of the amalgam; crown #13 was seated above restorative material by about 3 mm. Both crown #12 and #13 must be remade. Crown #28 has large mesial extension to close diastma, and crown #29 now has DL caries.

These acts may be sufficient to initiate the filing of formal disciplinary proceedings. However, the Board has determined that it will first offer you an opportunity to settle this matter, through your agreement to the following:

1. Provide the patient restitution in the amount of \$2,240 for the four crowns on #12, 13, 28 and 29, and forgive any remaining balance for these crowns. Restitution may be made by check or money order, payable to

22DI01853300

New Jersey Is An Equal Opportunity Employer • Printed on Recycled Paper and Recyclable

patient S.T., and submitted to the Board office with the signed certification attached to this letter.

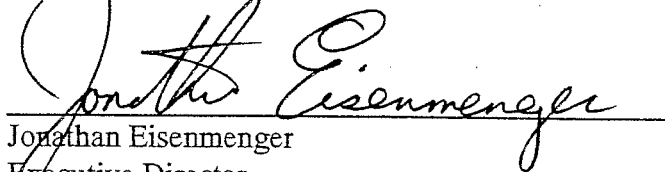
2. Complete a total of eleven (11) hours of remedial continuing education in the following subjects: seven (7) hours in diagnosis and treatment planning, and four (4) hours in record keeping. These credits must be completed within six (6) months of signing this agreement, and are in addition to the continuing education credits you are required to complete during the licensing period.

If you are willing to settle this matter on the offered settlement terms, you may do so by signing the acknowledgment at the bottom of this letter, and returning it to the Board office. Restitution should be made by check or money order made payable to the patient, and submitted to the Board office with the signed acknowledgment at the end of this letter. The continuing education course(s) must be pre-approved by the Board prior to attendance. This continuing education requirement is in addition to the forty hours required to renew your license for the biennial period. You must send confirmation to the Board that these courses have been satisfactorily completed. You should be advised that upon receipt of your signed acknowledgment, this letter will be a matter of public record.

In the event you are unwilling to settle this matter on the offered terms, it will be referred to the Attorney General's office for the initiation of an appropriate enforcement action. In such event, you will be afforded an opportunity to defend against the alleged violations. If an evidentiary hearing is deemed warranted, the Board will either conduct that hearing at a date and time to be scheduled or refer the matter to the Office of Administrative Law. You are advised, however, that in the event formal charges are filed, the Board may assess civil penalties in an amount greater than those offered in settlement here, should any charges against you be sustained. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies and/or requiring you to pay the additional costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact Deputy Attorney General Nancy Costello-Miller, who may be reached at (973) 648-2500.

If you elect to settle this matter, you should sign the acknowledgment at the bottom of this letter and return it to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and the matter will be referred to the Attorney General's Office for the initiation of appropriate enforcement proceedings.

Yours very truly,  
**NEW JERSEY STATE BOARD OF DENTISTRY**

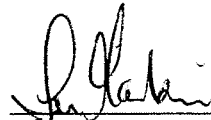
  
Jonathan Eisenmenger  
Executive Director

cc: Nancy Costello-Miller, Deputy Attorney General

**ACKNOWLEDGMENT:** I, Dr. Lisa Gambino, hereby acknowledge that I have read and reviewed the settlement proposal set forth in the above letter. I acknowledge the conduct which has been charged. I am aware that by signing this acknowledgment, I am waiving any rights I may have to defend myself against any charges of wrongdoing at an administrative hearing. I am also aware that the action taken against me by the Board herein is a matter of public record, and that this letter is a public document. I hereby agree to comply with the directives noted herein. I will submit to the Board:

1. Provide the patient restitution in the total amount of \$2,240 for the four crowns on #12, 13, 28 and 29, and forgive any remaining balance on these crowns. Restitution may be made by check or money order, payable to patient S.T., and submitted to the Board office with the signed certification attached to this letter.
2. Complete a total of eleven (11) hours of remedial continuing education in the following subjects: seven (7) hours in diagnosis and treatment planning, and four (4) hours in record keeping. These credits must be completed within six (6) months of signing this agreement, and are in addition to the continuing education credits you are required to complete during the licensing period.

8/23/13  
Date

  
\_\_\_\_\_  
Dr. Lisa Gambino

AUG 28 2013